

Consumer Council News

July 24, 2001

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VA Mental Health Quality Program

The creation of the National Mental Health Improvement Program (NMHIP) is proposed to improve quality of care received by veterans who require mental health services. **The program will assess:**

- *Mental Health Needs
- *Access to needed services
- *Structure & process of mental health care
- Improvements in quality of care will be measured by:*
- *Clinical outcomes
- *Assessment of patient functioning
- *Patient & Significant other satisfaction
- Identified best practices will be implemented and their impact monitored.

Newsletter sponsored by
VA Mental Health
Consumer Council
FAX comments to
Lucia Freedman at
703-748-0475 or call
202-273-8370

VetPop 2000

The recently released report Estimated and Projected Veteran Population by age Group: 1990 to 2020 gives the latest information on demographics of veterans in the US. This information will guide services and provide a valuable planning tool. Highlights of the demographic characteristics of the veteran population as of September 30, 2000 are:

- ⇒ The highest number of male veterans are currently in the age range of 53-58 (Vietnam Era)
- ⇒ In general, more veterans are located in those states with the largest population (i.e.: CA, FL, TX, NY)
- ⇒ Male veteran make up the majority of all civilian males at older ages, 65 to 85



- ⇒ The total veteran population is projected to decline by nearly 40% between 1990 and 2020. In contrast, the female veteran population is

projected to increase by 40% over the same period (4% to 10% by 2020).

Some implication of the changing demographic characteristics tell us the kinds of services which will be needed, where they will be needed and how much will be needed. For example:

- ⇒ As the veteran population ages, the demand for geriatric and all forms of long-term care should increase significantly relative to acute care. To get the CD report e-mail -

JCAHO Hot Line

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) established a hot line in March 1999. This hot line gives the public and health care professionals an easy way to contact JCAHO about quality-of-care issues in accredited organizations. Over the past two years, the number of calls received has increased from 400 to 500 calls a month. Common complaints deal with issues such as rights, care and services, safety, staffing and medication use. All incidents reported by phone must be verified in writing. The organization that is being complained about must be accredited by JCAHO. Complaints need to relate to the standards of care by JCAHO. Persons with other

problems, like billing or insurance are referred to more appropriate agencies. The top six complaints are:

- 1 Care/services (22.23%)(i.e. pain assessment, delay in treatment, restraints, medication errors)
- 2 Management of human resources (8.35%)(i.e. nurse staffing, competency of staff)
- 3 Rights and ethics (8.23%)(i.e. informed consent, advance directives)
- 4 Continuum of care (8.04%)(i.e. discharge planning, coordination of care)
- 5 Assessment (7.27%)(i.e. physical, multiple physicians developing independent care plans)
- 6 Environment of care (6.39%)(i.e.

Mental Health in CBOCs- SMITREC Report

The June 2001 Report on "Mental Health Care Utilization in VHA Community Based Outpatient Clinics(CBOCs), FY98-FY00 has been published by the Serious Mental Illness Treatment Research and Evaluation Center (SMITREC).

The overall findings from the previous report, indicate a general lack of mental health care at CBOCs. VA system wide, the relative number of mental health and substance abuse visits, stop codes, and unique patients compared to the total number of visits, stop codes, and unique patients in CBOCs declined from FY98 to FY00.

Mental Health Visits in CBOCs

FY 98	4,258,185	23.1%
FY 99	5,089,422	19.6%
FY 00	5,723,387	17.3%

In FY 98, almost 40% of CBOCs (134) had no mental health stop codes. This rose in FY99 to just over 40% (184) and to 47% (262) in FY 00.

Since 1994 VHA has experienced a substantial shift in the manner that services are provided to the mentally ill. There have been major shifts from inpatient care to outpatient care. Moving the patients from inpatient to outpatient care is seen as a progressive step. This needs to be accompanied by the development of outpatient services which include intensive outpatient and community based services. In order for veterans with mental illnesses to receive care there needs to be access to services which include geographic access. Most of the CBOCs were setup in areas that previously had no ready access to VHA services. The percentage of CBOCs in each VISN that have at least 5% Mental Health visits varies widely. CBOC's offer the opportunity to offset the loss of services due to bed closures in a positive way

NMHA Annual Meeting 2001

The NMHA Annual Meeting centered on the theme "Justice for All: Addressing America's Mental Health Disparities." Statistics show that racial and ethnic minorities have the least access to mental health services. The obstacles to care were pointed out such as language, immigration status, transportation and information on services. There is a challenge to the mental health system of care to look at the social, economic and family context to design treatment interventions. NMHA is sponsoring the Mental Health Equitable Treatment Act of 2001 which is insurance parity legislation that would give millions more Americans access to mental health care. The stigma of having a mental health illness has kept minorities from seeking treatment and when they do many times they receive sub-par care. The conference served to bring attention to a problem that will need to be

NAMI Annual Meeting

addressed by all health care systems.

The Annual Meeting of NAMI, July 2001, had several special sessions on the VA Health Care System. A workshop on Psychosocial programs allowed dialogue about the work incentive programs and the problems that veterans face in returning to work. Incentives in the VA system to return a veteran to gainful employment are at times at cross purposes such as a elimination of pension benefits if a veteran has a job. Some of these issues have been addressed in Compensated Work Therapy programs but more needs to be done.

Dr. Garthwaite, Dr. Lehmann and Dr. McCormick gave information on the status of mental health programs in the VA. There was a emphasis on the commitment of the VA Health System to treat veterans with mental health disabilities and develop

Information and Resources

Alternative 2001
August 23-26, 2001
Philadelphia, PA
Call 800-553-4539

August 17-19, 2001
Cleveland, OH
800-826-3632 (ex:157) or www.ndmda.org

National Depressive Manic Depressive Association